FORM PTO-1083



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3627

Docket No.: 249768021US
Date: March 17, 2003

In re application of: Application No.: Greg Linden 09/538,679

Application Filed:

March 30, 2000

For:

AUTOMATICALLY OPPORTUNITIES

IDENTIFYING

SIMILAR

PURCHASING

RECEIVED

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GROUP 3600

COMMISSIONER FOR PATENTS WASHINGTON DC 20231

Sir

Transmitted herewith is an Amendment in the above-identified application.

Applicant claims small entity status. See 37 C.F.R. 1.27.

Applicant has previously claimed small entity status. See 37 CFR 1.27.

[X] A Petition for an Extension of Time for one month is enclosed.

A General Authorization Under 37 C.F.R. § 1.136(a)(3) is enclosed.

[X] No additional claim fee is required.

The fee has been calculated as shown.

	(Col. 1)		(Col. 2)	(Col. 3)	
	CLAIMS		(001. 2)	(001. 3)	
			INCIDENT	DDECENT	
1	REMAINING		HIGHEST	PRESENT	
	AFTER		PREV. PAID	EXTRA	
	AMENDMENT		FOR		
	*		**		
TOTAL	55	-	55	0	
	*	·	***		
IND.	7		7	0	
[] FIRST PRESENTATION OF MULT. DEP.					
CLAIMS					
EXTENSION OF TIME FEE					
TOTAL ADDITIONAL FEE					
l	¥				

SMALL	ENTITY	
RATE	ADDITIONAL FEE	OI
x 9	\$ 0	
x 42	\$ 0	
+140	\$	OR
L	\$ \$ 0	
	\$ 0	TC

OTHER	THANA			
SMALL ENTITY				
RATE	ADDITIONAL FEE			
x 18	\$ 0			
x 84	\$ 0			
+280	\$			
	\$110.00			
AL	\$110.00			
	x 18 x 84 +280			

Please charge my Deposit Account No. <u>50-0665</u> in the amount of \$_. A duplicate copy of this sheet is enclosed.

A check in the amount of \$\frac{110.00}{}\] is attached.

The Commissioner is hereby authorized to charge payment of the following additional fees associated with this communication or credit any overpayment to Deposit Account No. 50-0665. A duplicate copy of this sheet is enclosed.

[X] Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted PERKINS COIE LLR

Steven D. Lawrenz

Registration No. 37,376

^{*} If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.